THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) Government is aware that collateral determinants of health like socio cultural and economic factors, poverty etc. play a crucial role in determining health profile of the citizens. It is not correct to conclude that health system has failed to provide basic health care facilities in the country.

The public health infrastructure in India comprises over 144,988 subcentres, 22669 Primary Health Centres, 3910 Community Health Centres and 558 District Hospitals. Further, there are large number of Taluk Hospitals, Civil Hospitals, Mother and Child Hospitals, TB Hospitals etc. In addition to these, the states have also set up public Private Partnerships with several NGOs to run service delivery centres for health care in undeserved areas. The states have reported availability of First Referral Unit services at 736 CHCs and 6805 PHCs are reported to be operational on 24x7 basis.

Comprehensive health sector reforms have been undertaken to improve the situations. National Rural Health Mission (NRHM), which is the main vehicle for these reforms has been operationalised throughout the country, with special focus on 18 states which includes 8 Empowered Action Group States (Bihar, Jharkhand, Madhya Pradesh, Chhatisgarh, Uttar Pradesh, Uttarakhand, Orissa and Rajasthan), 8 NE States, Himachal Pradesh and Jammu and Kashmir.

The main aim of NRHM is to provide accessible, affordable, accountable, effective and reliable primary health care facilities, especially, to the poor and vulnerable sections of the population. NRHM seeks to strengthen the Public Health delivery system at all levels.

The Government has finalized a detailed Framework for Implementation of NRHM which provides the road map for operationalisation of various strategies. While the improved health services are envisaged to be available to all the citizens, special provisions are made for the underprivileged persons and persons living in underserved areas.

Women not par taking medical facilities

2675. SHRI MATILAL SARKAR: Will the MINISTER OF HEALTH AND FAMILY WELFARE be pleased to state:

(a) the percentage of mothers not par taking the medical facilities from hospitals or other recognized medical institutes in each state and union territories during the year 2006-07;

(b) the percentage of birth cases in the traditional methods without coming to hospitals or other recognized institutes during 2006-07;

(c) the percentage of low-weight births during the year 2006-07;

(d) whether Government have identified the sections of women not par taking of medical facilities during pregnancy period; and

(e) if so, the reasons therefore and the remedial measures contemplated?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (e) As such the administrative reporting system generates data for those individuals that have availed the facilities provided in the health institutions. The data for those not availing these services is captured through periodic large-scale surveys like the District Level Household Surveys (DLHS) and the National Family Health Surveys (NFHS).

According to the District Level Household Survey-II (2002-2004) 26.6% of mothers had not availed of any ante-natal check-up services during the survey period. The State/UT wise break-up of these figures are enclosed as Statement (*See* below).

Further, as per the District Level Household Survey, (2002-04), the percentage of home deliveries was 59% out of which only 7.1% were assisted by skilled personnel.

Similarly, the administrative reporting system does not generate data for low-weight births. However, according to the National Family Health Survey-II (1998-99) 5.7% of the total births were low-weight births, that is, having a birth weight less than 2.5 Kg. According to the District Level Household Survey-II (2002-2004) 26.6% of mothers had not availed of any ante-natal check-up services. Further, 32.5% of the pregnant women in rural areas had not availed of any ante-natal check-up services, while the percentage in the urban area was 10.7%.

The Government of India, with a view to increasing access to quality health care including services to Safe Motherhood, has launched the National Rural Health Mission (NRHM) with special emphasis on improving the health status of rural population throughout the country. The Mission will operate over a period of seven years from 2005 to 2012. Under the NRHM (2005-2012) and the RCH Programme Phase II (2005 to 2010) services are being strengthened through.

- Janani Suraksha Yojana (JSY), a scheme to promote Institutional Delivery for reducing Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR) by providing quality maternal care during pregnancy, delivery and immediate post-delivery period with appropriate referral transport system along with cash assistance to pregnant women with a special focus on Below Poverty Line (BPL) women. The scheme also covers SC/ST women delivering in the Govt. Health Institutions and accredited Private Institutions.
- Appointment of an Accredited Social Health Activist (ASHA) for every village with a population up to 1000. ASHA will facilitate in accessing of health care services by the community and will have specific responsibility of mobilizing pregnant women for antenatal care, institutional delivery and post-natal check ups and immunization to children.
- Ensuring skilled attendance at every birth both in the community and the Institutions.
- Operationalizing all Community Health Centres as First Referral Units (FRU) for providing Emergency Obstetric and Child Health services.

- Equipping 50% of all Primary Health Centers for providing 24X7 delivery services by 2010.
- Ensuring quality of services by implementing Indian Public Health Standards (IPHS) for Primary Healthcare Facilities, which includes providing infrastructure, specialized man-power and equipments.
- Training of MBBS Doctors in Life Saving Anesthetic Skills for Emergency Obstetric Care at First Referral Unit.
- Training of MBBS Doctors in Emergency Obstetric Care including Caesarian Section. The programme is being carried out in partnership Federation of Obstetrics and Gynecological Society of India. (FOGSI).
- Strengthening of sub-centres by providing untied fund of Rs. 10,000/- for utilizing at the sub-center to improve the service delivery. The fund shall be operated jointly by the Local Panchayat Representative and ANM.
- Organizing of Village Health and Nutrition Day at Anganwadi centre at least once in every month.
- To prevent anemia among pregnant and lactating women one tablet of Iron and Folic Acid (100 mg elemental iron) per day is administered to all pregnant women for 100 days and two tablets of Iron and Folic Acid per day to the pregnant women who show clinical signs of severe anemia for 100 days.

Statement

Percentage of women who had not received any ANC services

Sl. No	State/Union Territory	Any antenatal check-ups	Percentage
1	2	3	4
1	Andhra Pradesh		5.5
2	Arunachal Pradesh		41.4
3	Assam		38.5
4	Bihar		62.1
5	Chhattisgarh		21.1
6	Delhi		18.6
7	Goa		3.1
8	Gujarat		12.4
9	Harayana		12.4
10	Himachal Pradesh		9.0
11	Jammu and Kashmir		12.4

1	2	3	4
12	Jharkhand		47.8
13	Karnataka		8.5
14	Kerala		0.3
15	Madhya Pradesh		25.9
16	Maharastra		7.1
17	Manipur		22.2
18	Meghalaya		45.4
19	Mizoram		25.7
20	Nagaland		44.4
21	Orissa		24.1
22	Punjab		10.5
23	Rajasthan		31.9
24	Sikkim		10.5
25	Tamil Nadu		0.6
26	Tripura		17.8
27	Uttar Pradesh		42.2
28	Uttaranchal		37.4
29	West Bengal		9.3
	Union Territory		
31	Andaman and Nicobar Island		3.0
32	Chandigarh		9.5
33	Daman and Diu		3.3
34	Dadar and Nagar Haveli		4.0
35	Lakshadweep		0.2
36	Pondicherry		0.0
	INDIA:		**26.6**

Source; District Level Household Survey (2002-04)

failure of tobacco control legislation

2676. SHRI RAJKUMAR DHOOT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the tobacco control legislation has not been able to control smoking and consumption of tobacco in the country;